

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	03/18/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SLING FOR EMERGENCY TRANSPORT OF A PERSON
Attorney Docket Number::	10628.00088
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Radja  
Middle Name::  
Family Name:: Lohse  
Name Suffix::  
City of Residence:: Bethel  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 24450 Allen Drive N.E.  
City of mailing address:: Bethel  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55005-9705

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Larson  
Name Suffix::  
City of Residence:: Stanchfield  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address::  
City of mailing address:: Stanchfield

State or Province of mailing address:: MN  
Country of mailing address:: USA  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name::  
Family Name:: Wildman  
Name Suffix::  
City of Residence:: Coos Bay  
State or Province of Residence:: OR  
Country of Residence:: USA  
Street of mailing address:: 983 Seagate  
City of mailing address:: Coos Bay  
State or Province of mailing address:: OR  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 97420

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/471,222	05/16/04


### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Home Hospital Equipment Company  
 Street of mailing address:: 701 E. Washington St  
 City of mailing address:: Clarinda  
 State or Province of mailing address:: IA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 51632